## 116000096239

(Re	equestor's Name)	
(Ad	ldress)	
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(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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2018 APR 19 AH 11: 57

## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT:
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Firm/Company
2590 MAHAN DVIVE
Address
Tallahussee fl
City/State and Zip Code  VIICOS: (M)
E-mail address: (to be used for future annual report notification)
For turther information concerning this matter, please call:
Dutruk Descher an Osio, 5912241
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:	1	<i>#</i> .	
Pointmental		Systems	<u>l</u> lC
(Must contain the words "L	imited Liability Company, "L.L	C.," or (LLC.")	

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	.269 MAHHAI DVIVE
That it is the second of the s	11/14 + 2 1 30 C
	- William Wall , Fl DN 202)

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

RII APR 19 PH12: O Echetary of State

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Matrich Didschry  Tatin MAHAN INUL
<del></del>	TATA PARAGO PC
<del></del>	
(Use attachment if necessary)  CLE V: Effective date, if other than the da effective date is listed, the date must be s	ite of filing: 400 19 19 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days at
te of filing.) If the date inserted in this block does not	t meet the applicable statutory filing requirements, this date will not be liste
te of filing.)	t meet the applicable statutory filing requirements, this date will not be liste
te of filing.) If the date inserted in this block does not becoment's effective date on the Departmen	t meet the applicable statutory filing requirements, this date will not be liste
te of filing.)  If the date inserted in this block does not becument's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a 1  This document is exect 1 am aware that any fa	t meet the applicable statutory filing requirements, this date will not be liste

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-